



Provider Newsletter

For Molina Healthcare of Texas, Inc. providers

First quarter 2026

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Medicare-Medicaid Dual Demonstration transition

The Centers for Medicare & Medicaid Services (CMS) has partnered with the Texas Health and Human Services Commission (HHSC) to provide a more coordinated, person-centered care experience for low-income seniors and people with disabilities who are Medicare-Medicaid enrollees, often referred to as dual eligibles, through the Dual Demonstration Program.

In accordance with the direction from CMS, HHSC ended the Dual Demonstration Project on December 31, 2025.

What this means for your patients, our members

Effective January 1, 2026, Medicare-Medicaid plans (MMPs) in Texas transitioned to fully integrated Dual Eligible Special Needs Plans (D-SNPs). Molina Healthcare of Texas, Inc. transitioned to this new fully integrated D-SNP model in the five counties where Molina currently operates a MMP – Bexar, Dallas, El Paso, Harris and Hidalgo. Molina’s fully integrated D-SNP plan is called Molina Medicare Complete Care Plus.

What this means for providers

A fully integrated D-SNP continues to allow for simplified billing, care coordination and communication by allowing both coverages to be administered by a single managed care organization (MCO), similar to how the MMP model operated.

Providers will need to:

- Ensure they are in-network with active contracts for both the Medicare and Medicaid arms of the Integrated Plan.
 - This does not apply to providers who provide Medicaid-only services such as LTSS. Providers who provided Medicaid-only services such as LTSS can remain contracted for Medicaid only with no impact.
 - There are no changes to how providers contract and/or credential with Molina.
 - All contracting/credentialing requirements are state-specific.
 - Molina will continue to utilize CAQH for credentialing.
 - Providers who are not contracted for both Medicaid and Medicare are able to submit claims as non-par providers. Non-par reimbursement rates and prior authorization requirements will apply.
- Verify member eligibility to ensure claims are submitted to the proper MCO.
- Review utilization management, prior authorization, billing, claims and documentation requirements for both Medicare and Medicaid.
- Assist your patients—our members—through the transition, especially those who may not understand the need to choose a new plan.

Molina will continue to offer a service coordination team to ensure the integration of members’ medical, behavioral health, long-term services and supports, and social needs in the integrated D-SNP model. For any new members joining our health plan, Molina will also offer continuity of care to ensure that our members can continue to see their current providers during their transition.

More information about the integrated D-SNP plan can be found [here](#). Providers can also reach out their Provider Relations representative with any questions regarding this transition by emailing MHTXProviderServices@MolinaHealthcare.com.

Medicare Stars: Health Outcomes Survey and Pharmacy Tip Sheets

Molina Healthcare, Inc. would like to remind our providers that the Health Outcomes Survey (HOS) and Pharmacy Tip Sheets are available on the [Availity Essentials provider portal](#) for easy digital access.

The HOS Tip Sheets are designed to help you understand the specific questions included in the HOS and the Medicare Star Rating measures influenced by your patients' responses. These sheets outline both general strategies and actionable steps you can take to positively impact these measures in your practice.

The Pharmacy Tip Sheets focus on pharmacy-related measures that affect Medicare Star Rating performance. They include practical information such as ICD-10 codes, medication lists, exclusions and targeted approaches you can use to improve patients' outcomes.

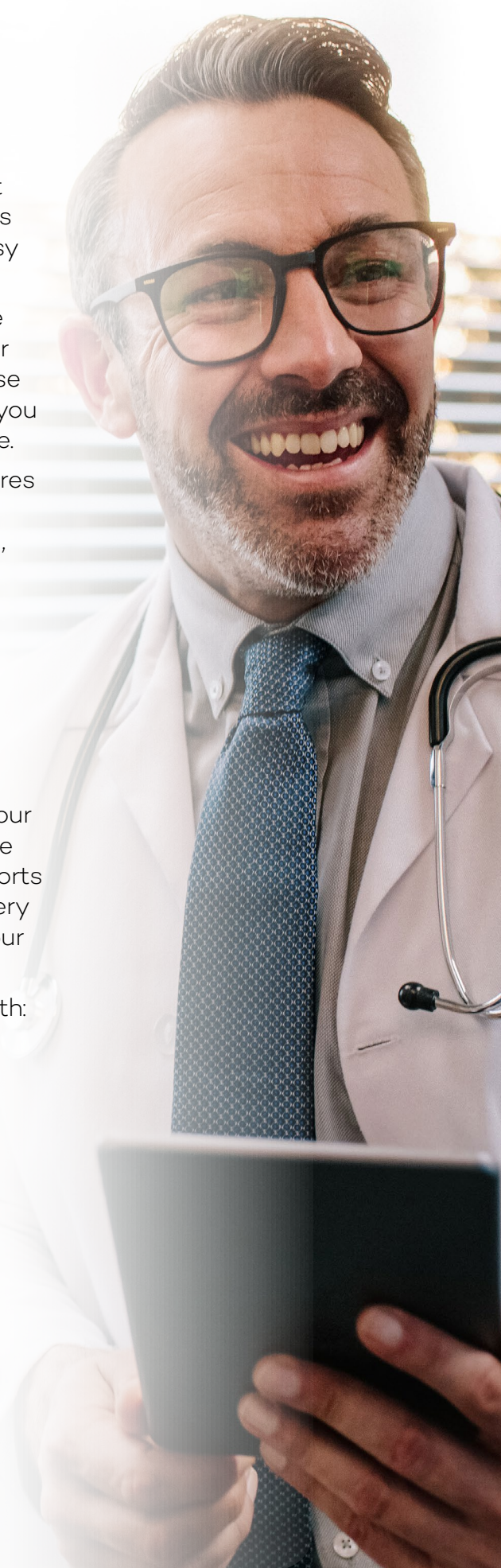
Addressing mental health with patients

Many older adults experience the “winter blues” as days get shorter and colder, but there are ways to feel better. Talk to your patients. Let them know they are not alone. Help them explore simple steps like light exercise, social activities or other supports to boost their mood and energy. Mental health matters at every age. Even small changes can make a big difference in how your patients feel.

Below are some tips for managing your patients' mental health:

- Encourage patients to seek treatment (if needed)
- Limit media consumption
- Engage in healthy activities, such as:
 - Getting enough sleep
 - Eating well
 - Exercising both body and mind
 - Abstaining from the use of tobacco, vaping, etc.
 - Limiting consumption of alcohol
- Take medications on time, every day
- Stick to regular routines
- Stay socially connected
- Try to focus on the positive and find joy in the simple things in life

Engage your patients today—a brighter season starts with a conversation.





Evaluating Molina's quality performance

Annually, Molina evaluates health plan quality performance using two important data sets. These data sets allow Molina to assess health plan performance for critical indicators of quality and member satisfaction.

First area of focus

Molina collects and reports Healthcare Effectiveness Data and Information Set (HEDIS®) measures to evaluate quality performance. Collected by health plans across the country, HEDIS measures are related to key health care issues, such as well care and immunizations, preventive screenings, tests and exams, management of chronic conditions, access to care, medication management and utilization of services. Molina sets performance goals for each measure evaluated to identify areas of success, opportunities for improvement and priority areas of focus for the following year. Molina's HEDIS results are available on the HEDIS page under the Health Resources section on the provider website.

Second area of focus

Molina also works with external survey vendors to collect and report Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey results annually. Molina uses CAHPS Survey results to evaluate how satisfied our members are with the health care and services they receive from the health plan and providers. Molina also sets performance goals for CAHPS to identify areas of success, opportunities for improvement and priority areas of focus for the following year. Molina's CAHPS results are available on the CAHPS page under the Health Resources section on the provider website.

If you have any questions or want additional information or printed copies with HEDIS or CAHPS results, please contact the Provider Relations department at

MHTXProviderServices@MolinaHealthcare.com.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

CAHPS is an industry-standard survey tool to evaluate patient satisfaction. Improving patient satisfaction has many benefits, such as:

- Increasing patient retention
- Increasing compliance with physician clinical recommendations
- Improving patients' overall wellness and health outcomes
- Ensuring preventive care needs are addressed more timely
- Reducing no-show rates

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Molina members can call the 24-hour Nurse Advice Line at **(888) 275-8750**.
- Molina members can access Interpreter Services at no cost by calling Member Services at:
 - Medicaid: **(866) 449-6849**
 - Medicare: **(866) 856-8699**
 - Marketplace: **(888) 560-2025**

Providers can access the **Availity Essentials portal** at MolinaHealthcare.com to:

- Search for patients and check member eligibility.
- Submit service request authorizations and/or claims and check status.
- Review patient care plans.
- Obtain CAHPS tip sheets.
- Participate in online cultural competency training.

Please encourage your patients who have received the CAHPS Survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed it?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed it?
- How often was it easy to get the care, tests and treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?



Update provider data accuracy and validation

Providers must ensure Molina has accurate practice and business information. Accurate information allows us to support better and serve our members and provider network.

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement and a National Committee for Quality Assurance (NCQA) requirement. Invalid information can negatively impact members' access to care, member/primary care provider (PCP) assignments and referrals. Additionally, current information is critical for timely and accurate claims processing. Providers must validate their information on file with Molina at least once every ninety (90) days for correctness and completeness.

Failure to do so may result in your REMOVAL from the Molina Provider Directory.

Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Telephone and fax numbers and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
- Tax ID and/or National Provider Identifier (NPI)

The information above must be provided as follows:

Delegated and other providers that typically submit rosters must submit a complete roster with the above information to Molina.

All other providers must log into their Council for Affordable Quality Healthcare (CAQH) account to attest to the accuracy of the above information for each health care provider and/or facility in your practice contracted with Molina. If the information is correct, please select the option to attest. If it is incorrect, providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their Provider Relations representative for assistance.

Additionally, in accordance with the terms specified in your Provider Agreement, providers must notify Molina of any changes as soon as possible, but at least thirty (30) calendar days in advance, of any changes in any provider information on file with Molina. Changes include, but are not limited to:

- Change in office location(s)/address(es), office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition of a provider (within an existing clinic/practice)
- Change in provider or practice name, Tax ID and/or NPI
- Opening or closing your practice to new patients (PCPs only)
- Change in specialty
- Any other information that may impact member access to care

Medicaid Providers:

Please note that effective May 30, 2025, the Provider Enrollment Management System (PEMS) became the sole source for Texas Medicaid provider demographic information, including service location address, phone numbers and taxonomy codes. Per guidance from the Texas Health and Human Services Commission (HHSC) and Texas Medicaid & Healthcare Partnership (TMHP), provider data used by Molina is now driven by the data provided in the PEMS system.

Molina will no longer be able to accept provider demographic updates for Medicaid lines of business. All changes to demographic information for Medicaid providers, including changes to service location information, must be made through the PEMS system. Molina will receive these updates via the Master Provider File (MPF). More information on this requirement can be found [here](#).

2026 Molina Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists, including oncologists, OB/GYNs and psychiatrists to receive training about Molina's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training.

MOC training materials and attestation forms are available at [Model of Care Provider Training](#). The completion date for this year's training is December 31, 2026.

Clinical Policy

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinaclinicalpolicy.com). The policies are used by providers, medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC).

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at:

- [Medicaid/CHIP/MMP](#)
- [Medicare](#)
- [Marketplace](#)

